

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/587 052  
APPLICANT(S)

FILING DATE

6-2-00

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)													
2							51						
3							52						
4							53						
5							54						
6							55						
7							56						
8							57						
9							58						
10							59						
(11)							60						
12							61						
13							62						
14							63						
15							64						
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43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	14						TOTAL DEP.						
TOTAL CLAIMS	16						TOTAL CLAIMS						